


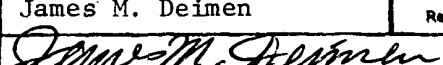
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03915 U.S. PTO  
10/646552  
08/21/03


## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Attorney Docket No.</b></td> <td>98-1148</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>Michael P. Flynn</td> </tr> <tr> <td><b>Original Patent Number</b></td> <td>6,277,085</td> </tr> <tr> <td><b>Original Patent Issue Date (Month/Day/Year)</b></td> <td>08/21/2001</td> </tr> <tr> <td><b>Express Mail Label No.</b></td> <td>ER 242507054 US</td> </tr> </table>	<b>Attorney Docket No.</b>	98-1148	<b>First Named Inventor</b>	Michael P. Flynn	<b>Original Patent Number</b>	6,277,085	<b>Original Patent Issue Date (Month/Day/Year)</b>	08/21/2001	<b>Express Mail Label No.</b>	ER 242507054 US
<b>Attorney Docket No.</b>	98-1148										
<b>First Named Inventor</b>	Michael P. Flynn										
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<b>Original Patent Issue Date (Month/Day/Year)</b>	08/21/2001										
<b>Express Mail Label No.</b>	ER 242507054 US										
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box) <input checked="" type="checkbox"/> <b>Utility Patent</b> <input type="checkbox"/> <b>Design Patent</b> <input type="checkbox"/> <b>Plant Patent</b>											
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>  1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/SB/ 56)</b> (Submit an original, and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>  3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent format (amended, if appropriate)</b>  4. <input checked="" type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>  5. <input checked="" type="checkbox"/> <b>Reissue Oath/Declaration (original or copy)</b> (37 C.F.R. § 1.175) (PTO/SB/51 or 52)  6. <b>Original U.S. Patent currently assigned?</b> <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> (If Yes, check applicable box(es))  <input type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b>  <input type="checkbox"/> <b>37 C.F.R. § 3.73(b) Statement</b> <input type="checkbox"/> <b>Power of Attorney</b> (PTO/SB/96)	<b>ACCOMPANYING APPLICATION PARTS</b>  7. <input type="checkbox"/> <b>Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).</b> 8. <input type="checkbox"/> <b>Original U.S. Patent for surrender</b> <input type="checkbox"/> <b>Ribboned Original Patent Grant</b> <input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b> 9. <input type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119) (if applicable)</b> 10. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b> 11. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration (if applicable)</b> 12. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b> 13. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b> 14. <b>Other:</b> ..... ..... .....										
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<b>Registration No. (Attorney/Agent)</b>	25504										
<b>Date</b>	08/21/2003										

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 98-1148		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 11	Total Claims (37 CFR 1.16(j))	(B) 12	**** 1 =	x \$ 9 =	9	or	x \$ ____ =	
(C) 1	Independent claims (37 CFR 1.18(i))	(D) 2	. 1 =	x \$ 42 =	42		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 375		\$ ____	
Total Filing Fee					\$ 426	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.18(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 426.00 _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<p>08/21/2003 Date</p>				<p> Signature of Applicant, Attorney or Agent of Record</p> <p>James M. Deimen Typed or printed name</p>				